

DB

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS

**FILED**

JAN 08 2020 *TL*

-----X

UNITED STATES OF AMERICA,

v.

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Case No. 16-CR-401

MARCO PEREZ.

-----X

MOTION FOR REDUCTION IN SENTENCE,  
APPOINTMENT OF COUNSEL, AND ORAL ARGUMENT

Marco Perez, the pro se Defendant, moves the Court to  
(1) reduce his sentence to time served based on the  
"extraordinary and compelling" reasons discussed below (2)  
appoint counsel (3) expedite consideration and (4) permit oral  
argument on this motion.

INTRODUCTION

Marco Perez is serving a 70 month term of imprisonment  
imposed by this Court following his guilty plea conviction for  
possession with intent to distribute a controlled substance  
and illegal reentry by a deported alien. He is 44 years of  
age and has already served 47 months of that term (42 months  
actual jail time plus 5 months good time credit earned).  
Exhibit 1.

On December 5, 2019, Perez submitted a written request to  
Warden M. Lincon-Vitale asking that the Bureau of Prisons  
"BOP" move this Court for a reduction of Perez' sentence under

18 U.S.C. § 3582(c)(1)(A)(i). Exhibit 2. His application shows that he is suffering from a serious physical and medical condition that has substantially worsened due to the prison system's indifference to his medical care needs which has subjected him to live with unnecessary pain, numbness and a loss of mobility. Id. As of the date of this filing, more than 30 days after Perez made his request to the warden - the BOP has not filed a motion on his behalf with the Court.

Thanks to the amendments to § 3582(c)(1)(A) enacted as part of the First Step Act, the Court is now empowered to bring a measure of justice to Perez' sentence, and we ask the Court to do just that for the reasons set forth below. See P.L. 115-391, 132 Stat. 5194, at § 603 (Dec. 21, 2018).

#### DISCUSSION

The Court has the authority to reduce Perez' sentence based on the extraordinary and compelling circumstances presented herein. First, it has the jurisdiction to hear this motion under § 3582(c)(1)(A)(i) because more than 30 days have passed since the warden received Perez' request, and the Director of the BOP has not filed a motion with this Court. Second, the circumstances here constitute extraordinary and compelling reasons to warrant a sentence reduction.

##### A. The Court Has Jurisdiction to Grant Release for "Extraordinary and Compelling Reasons"

The compassionate release statute was first enacted as

part of the Comprehensive Crime Control Act of 1984. It provided that a district court could not modify a final term of imprisonment except in four situations, one of which was the existence of "extraordinary and compelling reasons" warranting the reduction, as determined by the sentencing court. But although the courts had the final decision-making authority over whether a sentence would be reduced, the statute imposed a gatekeeper - that authority could be invoked only upon a motion by the Director of the BOP. Without such a motion, sentencing courts were powerless to reduce a prisoner's sentence, even if the court concluded that extraordinary and compelling reasons warranted the reduction. 18 U.S.C. § 3582(c)(1)(A)(i); see also P.L. 98-473, 98 Stat 1837 (Oct 12, 1984).

That changed when Congress enacted the First Step Act, which amended § 3582(c)(1)(A). See P.L. 115-391, 132 Stat. 5194, at § 603 (Dec. 21, 2018). Under the amended statute, a court can now reduce a sentence for "extraordinary and compelling reasons" in two circumstances: (i) if the Director of the BOP files a motion requesting such relief; or (ii) "upon motion of the defendant," if the defendant has fully exhausted all administrative remedies to appeal the BOP's failure to bring a motion, or if 30 days has elapsed "from the receipt of such a request by the warden of the defendant's facility," whichever is earlier. 18 U.S.C. § 3582(c)(1)(A). See also *US v Cantu*, No. 1:05-cr-458-1, 2019 WL 2498923, at \*3 (S.D. Tex. June 17, 2019) ("[u]nder the newly amended § 3582(c)(1)(A) [the defendant] has standing to bring this motion because more than 30 days elapsed between his



reduction-in-sentence request to the warden and a response."); US v Cantu-Rivera, No. CR HR-89-204, 2019 WL 2578272, at \*1 (S.D. Tex. June 24, 2019) (defendant's "petition ... meets the requirement of a lapse of 30 days from the receipt by the warden of the defendant's facility ... The Court therefore has the authority to address the motion of the defendant.").

As noted above, Perez submitted his request to the warden on October 23, 2019. As of the date of this filing, more than 30 days after Perez submitted his request, the BOP has not filed a motion with this Court on Perez' behalf. Accordingly, Perez is entitled to bring his motion directly to the Court pursuant to 18 U.S.C. § 3582(c)(1)(A), and this Court is vested with the jurisdiction to rule on the requested relief.

B. Extraordinary and Compelling Circumstances Warrant a Reduction in Perez' Sentence

Perez is 44 years of age, served 67% percent of his 70 month sentence, and is suffering from a serious physical and medical condition that has substantially worsened due to the prison system's indifference to his medical care needs which has subjected him to live with unnecessary pain, numbness and a loss of mobility. Exhibit 3. These circumstances constitute an "extraordinary and compelling reason" as defined by the Sentencing Commission to warrant a sentence reduction. See USSG § 1B1.13 n.1 (D).

Specifically, he suffers from serious back injuries to his L3, L4 and L5 vertebrae which he sustained during an accident while trying to evade federal authorities in 2012.



By the time he was incarcerated on the instant offense, he was undergoing extensive treatment at outside medical centers in preparation for surgery. This treatment ended upon his incarceration. Shortly after his 2016 arrest, he was given an MRI which revealed the three injured vertebrae had continued to deteriorate, and was examined by a specialist who recommended surgery. However, he did not receive the recommended surgery. Instead, he was transferred from Kankee County Jail to MCC Chicago where he was given X-rays (showing further L4 and L5 vertebrae deterioration) and recommended again for surgery with concerns for possible spine fusion. However, he did not receive that recommended surgery either. Instead, he was transferred to a series of correctional facilities: first FCI Pekin, then FCI Marianna, next USP Yazoo, and finally FCI Danbury where he is currently held at this time. With each transfer, the medical evaluation process commenced anew, causing delay after delay, which withheld the previously recommended surgeries.

This indifference to the severity of his condition and medical care needs over the term of his incarceration has caused his condition to substantially worsen, and subjected him to live with unnecessary pain and numbness to his legs and feet. It has also resulted in loss of mobility throughout his legs, feet and back, and loss of strength. Such indifference for medical care has recently been held to constitute "extraordinary and compelling reasons" to warrant compassionate release. See e.g., *US v Beck*, 2019 WL 27165505 (M.D.N.C. June 28, 2019) (finding BOP's history of indifference to defendant's medical treatment constitutes extraordinary and

compelling reasons under U.S.S.G. § 1B1.13, n.1(D) and 18 U.S.C. § 3582(c)(1)(A)(i) to grant compassionate release).

The prison systems indifference to his medical care needs is a development subsequent to his sentencing that could not have been anticipated by the sentencing court which has resulted in unfairness to Perez. To this end, he was sentenced to serve a 70-month sentence and he has served that sentence commendably. In executing his sentence, the BOP had a statutory duty to provide him with proper, timely medical care. At sentencing, the Court recognized the severity of his medical issues, told Perez that BOP would provide him the necessary medical care he needed, and recommended he be designated to BOP's medical facility in Rochester, Minnesota so he could receive that care. The Court based the term of his sentence (as required by one of the § 3553(a) factors) under the reasonable expectation that his incarceration would provide for him with the necessary medical care he needed. The Court certainly could not have anticipated that instead of designating Perez to a facility that could meet his medical care needs, that BOP would instead subject him to a series of transfers that would effectively cause the withhold of medical care, and that in doing so BOP would cause his condition to substantially worsen, and thereby subject him to live with unnecessary pain, numbness, loss of mobility (throughout his legs, feet and back) and loss of strength.

The Supreme Court has interpreted the pre-First Step Act compassionate release statute to provide relief in situations such as this; i.e., when a sentencing court's "failure to anticipate developments that take place after ... sentencing

... produce unfairness to the defendant." *Sester v US.*, 566 U.S. 231, 242-43 (2012).

C. THE CRITERIA FOR REASSESSING THE LENGTH OF PEREZ'  
SENTENCE WEIGH STRONGLY IN FAVOR OF A REDUCTION

In determining whether Perez' sentence should be reduced, the court must decide, *inter alia*, whether his release presents a danger to the safety of any other person or to the community as provided in 18 U.S.C. § 3142(g). U.S.S.G. § 1B1.13(2). If he does not, the Court looks to the factors outlined in 18 U.S.C. § 3553(a). As explained below, all of the factors weigh strongly in favor of Perez' release.

1. Perez Is Not a Danger

If Perez is released now he would not pose a danger to the community. Though he engaged in serious criminal conduct that was deserving of a serious punishment, his increased age (44 years), exemplary post-conviction record, severe health issues, debilitating medical and physical condition, high probability of permanent injury, and need for medical care provide sufficient evidence that his release at this time poses no danger to any other person or the community. See e.g., US Sent Comm., *Measuring Recidivism*, 2004 ("Recidivism rates decline relatively consistently as age increases", reaching a low percentage of 6.2% for defendants whose age exceeds 50 years by the time they are released.); see also US Dep't of Justice, the "Federal Bureau of Prisons,



Compassionate Release Program:, April 2013 (finding recidivism is extremely rare among compassionate release inmates).

Additionally, his aunt, Antonia O'Campo, who lives in Iguala Guerrero, Mexico, has agreed to provide him housing, along with financial and familial support necessary for his successful transition back to his community. She and other family members have also agreed to help him obtain and pay for the necessary medical care and surgery he needs.

## 2. The § 3553(a) Factors Strongly Favor Relief

This Court must next weigh the 18 USC § 3553(a) factors to determine whether Perez' request for sentence reduction should be granted. Perez' rehabilitation (Exhibit 4) and good behavior during his incarceration (with no disciplinary history) weighs in favor of a reduced sentence. While his crimes were serious, he has accepted responsibility for them and has already endured serious punishment for them.

Moreover, because Perez has served the entirety of his incarceration with debilitating, chronic and serious medical issues, and because his condition has further deteriorated and subjected him to live with unnecessary pain, numbness, lost of mobility (throughout his legs, feet and back), and loss of strength, his "sentence has been significantly more laborious than that served by most inmates. It also means that further incarceration in [his] condition would be greater than necessary to serve the purposes of punishment set forth in § 3553(a)(2)." U.S. v Beck, No. 1:13-CR-186-6, 2019 WL 2716505 (M.D.N.C., June 28, 2019).

D. Perez Is Deserving of Mercy

With the passage of the First Step Act, Congress emphasized the imperative of reducing unnecessary incarceration and avoiding unduly punitive sentences that do not serve the ends of justice. *United States v Simons*, No. 07-CR-00874, 2019 WL 1760840, at \*8 (E.D.N.Y. Apr. 22, 2019). Perez' conduct and initiative during his incarceration demonstrate rehabilitation. He has spent his time in prison improving himself and has had no disciplinary infractions.

For the reasons mentioned above, we respectfully urge the Court to use the power conferred by the First Step Act to reduce Perez' sentence.

E. APPOINTMENT OF COUNSEL IS WARRANTED

Several reasons warrant appointment of counsel.

First, Perez has made a prima facie showing that (1) his case presents "extraordinary and compelling reasons" to warrant a sentence reduction (2) the § 3553(a) factors weight in favor of such reduction (3) his release poses no danger to any other person or the community (4) the requested reduction is consistent with USSG § 1B1.13.

Second, the factual issues involve complex medical matters that will likely necessitate medical and scientific expertise to reach a fair and just decision.

Third, Perez is an indigent, incarcerated litigant, who lacks legal knowledge and training of the law, and is

medically and physically frail. And while he has obtained the help of another inmate to prepare this submission, that inmate is not trained in the law, and possess no medical expertise, competency or experience to properly present the complex medical issues raised herein.

Fourth, most significantly, the relevant law with regard to post-First Step Act compassionate release cases is new and developing daily. Indeed, numerous decisions have held U.S.S.G. § 1B1.13 (the relevant USSG policy statement) is invalid because the Sentencing Commission has not updated it to reflect the substantive changes made by the First Step Act in violation of its statutory mandate under 28 U.S.C. § 994. See e.g., *US v Cantu*, No. 1:05-cr-458-1, 2019 WL 2498923 (S.D. TX. June 17, 2019) ("Given the changes to the statute, the policy statement that was previously applicable to 18 U.S.C. § 3582(c)(1)(A) no longer fits the statute and thus does not comply with the congressional mandate that the policy statement provide guidance on the appropriate use of the sentence-modification provision under § 3582"); *US v Cantu-Rivera*, No. CR HR-89-204, 2019 WL 2498923 (S.D. TX June 24, 2019) (same); *US v Beck*, No. 1:13-CR-186-6, 2019 WL 2716505 (M.D.N.C. June 28, 2019) (same); *US v Fox*, No. 2:14-CR-03, WL 2019 3046086 (D. Me July 11, 2019) (same).

As a result of this state of legal confusion and flux, counsel is needed to determine whether other reasons that exist in *Perez*' case constitute "extraordinary and compelling reasons" for sentence reduction beyond the enumerated examples listed in the commentary of the pre-First Step Act § 1B1.13 which has been held invalid by numerous district courts.



F. EXPEDITED CONSIDERATION IS WARRANTED

Several reasons warrant expedited consideration.

First, Perez has made a prima facie showing that if the facts are fairly and fully developed he may be entitled to immediate release.

Second, a favorable resolution of this matter will impact upon Perez' safety, health and well-being because (1) he is suffering from debilitating, chronic and serious medical issues (2) his condition has further deteriorated and subjected him to live with unnecessary pain, numbness, lost of mobility (throughout his legs, feet and back), and loss of strength.

CONCLUSION

For good cause having been shown the Court should grant Perez' request motion to (1) reduce his sentence to time serve (2) appoint counsel (3) expedite consideration and (4) permit oral argument on this motion.

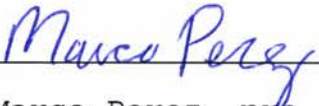
VERIFICATION

I Marco Perez declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing assertions are true and correct to the best of my knowledge and belief.

CERTIFICATE OF SERVICE

I declare that a true and correct copy of this motion and accompanying exhibits was served upon counsel for the United States by the Court's ECF system.

Respectfully submitted,

  
\_\_\_\_\_  
Marco Perez, pro se

Dated: January , 2020

EXHIBIT 1



DANFX 540*23 *	SENTENCE MONITORING	*	12-11-2019
PAGE 001 *	COMPUTATION DATA	*	12:03:16
	AS OF 12-11-2019		

REGNO...: 17174-379 NAME: PEREZ, MARCO

FBI NO.....: 886412TA0	DATE OF BIRTH: 06-17-1975	AGE: 44
ARS1.....: DAN/A-DES		
UNIT.....: W	QUARTERS.....: M01-012L	
DETAINERS.....: YES	NOTIFICATIONS: NO	

HOME DETENTION ELIGIBILITY DATE: 12-09-2020

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.  
 THE INMATE IS PROJECTED FOR RELEASE: 06-09-2021 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 020 -----

COURT OF JURISDICTION.....: ILLINOIS, NORTHERN DISTRICT  
 DOCKET NUMBER.....: 16 CR 401-1  
 JUDGE.....: KENDALL  
 DATE SENTENCED/PROBATION IMPOSED: 02-05-2018  
 DATE COMMITTED.....: 03-19-2018  
 HOW COMMITTED.....: US DISTRICT COURT COMMITMENT  
 PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$200.00	\$00.00	\$00.00	\$00.00

RESTITUTION...:	PROPERTY: NO	SERVICES: NO	AMOUNT: \$00.00
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-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE....: 380 21:841 SCH I NARCOTIC  
 OFF/CHG: 21:8419(A) (1)& 846 KNOWINGLY AND INTENTIONALLY POSSESS WITH  
 INTENT TO DISTRIBUTE A CONTROLLED SUBSTANCE CT1.8 & 6:1326(A)  
 (B) (2); 202(4) ILLEGAL REENTRY BY A DEPORTED ALIEN CT5.

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
 SENTENCE IMPOSED/TIME TO SERVE.: 70 MONTHS  
 TERM OF SUPERVISION.....: 4 YEARS  
 DATE OF OFFENSE.....: 03-01-2016

G0002 MORE PAGES TO FOLLOW . . .

DANFX 540*23 *	SENTENCE MONITORING	*	12-11-2019
PAGE 002 *	COMPUTATION DATA	*	12:03:16
	AS OF 12-11-2019		

REGNO...: 17174-379 NAME: PEREZ, MARCO

-----CURRENT COMPUTATION NO: 020 -----

COMPUTATION 020 WAS LAST UPDATED ON 08-05-2019 AT DSC AUTOMATICALLY  
COMPUTATION CERTIFIED ON 05-03-2018 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN  
CURRENT COMPUTATION 020: 020 010

DATE COMPUTATION BEGAN.....: 02-05-2018  
TOTAL TERM IN EFFECT.....: 70 MONTHS  
TOTAL TERM IN EFFECT CONVERTED...: 5 YEARS 10 MONTHS  
EARLIEST DATE OF OFFENSE.....: 03-01-2016

JAIL CREDIT.....: FROM DATE THRU DATE  
06-21-2016 02-04-2018

TOTAL PRIOR CREDIT TIME.....: 594  
TOTAL INOPERATIVE TIME.....: 0  
TOTAL GCT EARNED AND PROJECTED...: 314  
TOTAL GCT EARNED.....: 162  
STATUTORY RELEASE DATE PROJECTED: 06-09-2021  
EXPIRATION FULL TERM DATE.....: 04-19-2022  
TIME SERVED.....: 3 YEARS 5 MONTHS 23 DAYS  
PERCENTAGE OF FULL TERM SERVED...: 59.6

PROJECTED SATISFACTION DATE.....: 06-09-2021  
PROJECTED SATISFACTION METHOD....: GCT REL

REMARKS.....: 8-5-19 GCT UPDATED PURSUANT TO FSA R/JMD.

G0002 MORE PAGES TO FOLLOW . . .

DANFX 540\*23 \*  
PAGE 003 \*

SENTENCE MONITORING  
COMPUTATION DATA  
AS OF 12-11-2019

\* 12-11-2019  
\* 12:03:16

REGNO.: 17174-379 NAME: PEREZ, MARCO

----- CURRENT DETAINERS: -----

DETAINER NO.: 002  
DATE LODGED.: 04-10-2018  
AGENCY.....: IMMIGRATION & CUSTOMS ENFORCE  
AUTHORITY....: US IMMIGRATION & NATURALIZATION  
CHARGES.....: A029643981; WILL DEPORT

G0002 MORE PAGES TO FOLLOW



DANFX 540*23 *	SENTENCE MONITORING	*	12-11-2019
PAGE 004 *	COMPUTATION DATA	*	12:03:16
	AS OF 02-20-2013		

REGNO...: 17174-379 NAME: PEREZ, MARCO

FBI NO.....: 886412TA0	DATE OF BIRTH: 06-17-1975	AGE: 44
ARS1.....: DAN/A-DES		
UNIT.....: W	QUARTERS.....: M01-012L	
DETAINERS.....: YES	NOTIFICATIONS: NO	

HOME DETENTION ELIGIBILITY DATE: 02-03-2013

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S PRIOR COMMITMENT.  
 THE INMATE WAS SCHEDULED FOR RELEASE: 02-20-2013 VIA FT REL

RELEASE AUDIT COMPLETED ON 09-14-2012 BY DSCC

-----PRIOR JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: TEXAS, SOUTHERN DISTRICT  
 DOCKET NUMBER.....: 5:12-PO-08145  
 JUDGE.....: QUIROGA  
 DATE SENTENCED/PROBATION IMPOSED: 08-29-2012  
 DATE COMMITTED.....: 09-19-2012  
 HOW COMMITTED.....: US DISTRICT COURT COMMITMENT  
 PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$00.00	\$10.00	\$00.00	\$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----PRIOR OBLIGATION NO: 010 -----

OFFENSE CODE....: 170 8:1325 ILLEGAL ENTRY INTO US  
 OFF/CHG: 8:1325(A)(1) ILLEGAL ENTRY

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
 SENTENCE IMPOSED/TIME TO SERVE..: 180 DAYS  
 DATE OF OFFENSE.....: 08-25-2012

G0002

MORE PAGES TO FOLLOW . . .

DANFX 540\*23 \*  
PAGE 005 \*

SENTENCE MONITORING  
COMPUTATION DATA  
AS OF 02-20-2013

\* 12-11-2019  
\* 12:03:16

REGNO...: 17174-379 NAME: PEREZ, MARCO

-----PRIOR COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 09-04-2012 AT DSC AUTOMATICALLY  
COMPUTATION CERTIFIED ON 09-14-2012 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN  
PRIOR COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 08-29-2012  
TOTAL TERM IN EFFECT.....: 180 DAYS  
TOTAL TERM IN EFFECT CONVERTED...: 5 MONTHS 27 DAYS  
EARLIEST DATE OF OFFENSE.....: 08-25-2012

JAIL CREDIT.....: FROM DATE THRU DATE  
08-25-2012 08-28-2012

TOTAL PRIOR CREDIT TIME.....: 4  
TOTAL INOPERATIVE TIME.....: 0  
TOTAL GCT EARNED AND PROJECTED...: 0  
TOTAL GCT EARNED.....: 0  
STATUTORY RELEASE DATE PROJECTED: 02-20-2013  
EXPIRATION FULL TERM DATE.....: 02-20-2013  
TIME SERVED.....: 5 MONTHS 27 DAYS  
PERCENTAGE OF FULL TERM SERVED...: 100.0

ACTUAL SATISFACTION DATE.....: 02-20-2013  
ACTUAL SATISFACTION METHOD.....: FT REL  
ACTUAL SATISFACTION FACILITY.....: BMM  
ACTUAL SATISFACTION KEYED BY.....: ABA

DAYS REMAINING.....: 0  
FINAL PUBLIC LAW DAYS.....: 0

G0002 MORE PAGES TO FOLLOW . . .

DANFX 540\*23 \*  
PAGE 006 OF 006 \*

SENTENCE MONITORING  
COMPUTATION DATA  
AS OF 02-20-2013

\* 12-11-2019  
\* 12:03:16

REGNO.: 17174-379 NAME: PEREZ, MARCO

----- PRIOR DETAINERS: -----

DETAINER NO.: 001  
DATE LODGED.: 10-09-2012  
AGENCY.: IMMIGRATION & NATURALIZATION  
AUTHORITY.: IMMIGRATION, CUSTOMS, ENFORCEMENT  
CHARGES.: FILE NO. A029643981 POSSIBLE DEPORTATION

DATE RELEASED: 02-20-2013

G0000 TRANSACTION SUCCESSFULLY COMPLETED

EXHIBIT 2



BP-A0148

## INMATE REQUEST TO STAFF CDFRM

JUNE 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Warden Lincon-Vitale	DATE: December 5, 2019
FROM: Marco Perez	REGISTER NO.: 17174-379
WORK ASSIGNMENT:	UNIT: M-A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

Please find attached my request for a RIS motion under PS 5050.50

(Do not write below this line)

DISPOSITION:

Signature Staff Member

Date

Record Copy - File; Copy - Inmate

PDF

Prescribed by P5511

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

INMATE MARCOS PEREZ (17174-379)

REQUEST FOR A RIS MOTION

A. INITIATION OF REQUEST

I request BOP file a motion for a reduction in sentence ("RIS") based on the "other reasons" criteria of United States Sentencing Guidelines, Section 1B1.13 comment (n.1)(D), the policy statement for compassionate release, which permits a reduction when "there exists in a defendant's case an extraordinary and compelling reason other than or in combination with," the remainder of the Guidelines definition. See U.S.S.G. § 1B1.13, n.1(D).

B. EXTRAORDINARY AND COMPELLING CIRCUMSTANCES

I believe my medical conditions and lack of medical care present particularly extraordinary and compelling reasons so as to qualify me for the requested RIS motion.

I suffer from serious back injuries to my L3, L4 and L5 vertebrae which I sustained when I jumped from a train while trying to evade federal authorities in 2012. By the time I was incarcerated on the instant offense, I was undergoing extensive treatment at outside medical centers in preparation for surgery. This treatment ended upon my incarceration. Shortly after my 2016 arrest, I was given an MRI which revealed the three injured vertebrae had continued to deteriorate, and I was examined by a specialist who recommended surgery. However, I did not receive the recommended surgery. Instead I was transferred from Kankee County Jail to MCC Chicago where I was given X-rays (showing

further L4 and L5 vertebrae deterioration) and recommended again for surgery with a concern for possible spine fusion. However I did not receive that recommended surgery either. Instead, I was transferred to a series of correctional facilities; first FCI Pekin, then FCI Marianna, next USP Yazoo, and finally FCI Danbury. With each transfer, the medical evaluation process commenced anew, causing delay after delay, which has effectively withholding of the previously recommended surgery.

This indifference to the severity of my condition and medical care needs over the term of my incarceration has caused my condition to substantially worsen, and subjected me to live with unnecessary pain and numbness to my legs and feet. It has also resulted in the loss of mobility throughout my legs, fee and back, and loss of my strength. Such indifference for medical care, has recently been judicial found to constitute "extraordinary and compelling reasons" to warrant compassionate release. See US v Beck, 2019 WL 27165505 (M.D.N.C., June 28, 2019) (finding BOP's history of indifference to defendant's medical treatment constitutes extraordinary and compelling reasons under U.S.S.G. § 1B1.13, n.1(D) and 18 U.S.C. § 3582(c)(1)(A)(i) to grant compassionate release).

The prison systems to my medical care needs is a development subsequent to my sentencing which could not have been anticipated by the sentencing judge, and which has resulted in unfairness to me. To this end, I was sentence to serve a 70 month sentence and have served that sentence commendably. Under federal law, in executing my sentence, the



BOP is required to provide me with proper, timely medical care. At sentencing, the judge recognized the severity of my medical issues, told that the BOP would provide me with the necessary medical care I needed, and recommended that BOP designate me to its medical facility in Rochester Minn. so I would receive the necessary level of care. She based the term of my sentence, I her reasonable expectation that my incarceration would provide me with the necessary medical care. She certainly could not have anticipated that instead of designating me to a medical facility, BOP would subject me to a series of transfers that would effectively cause the withhold of medical care, and that in doing so BOP would cause my condition to substantially worsen, and subject me to live with unnecessary pain, numbness, loss of mobility throughout my legs, fee and back, and loss of strength.

The Supreme Court has interpreted to the compassionate release statute to provide relief in situations such as this; i.e., when a sentencing court's "failure to anticipate developments that take place after ... sentencing ... produce unfairness to the defendant." *Sester v US*, 566 US 231, 242-43 (2012)

#### C. RELEASE PLAN

If granted a reduction in sentence at this time, I would live with my aunt, Antonia O'Campo, at her family home in Iguala Guerrero, Mexico. She and my other family members have agreed to help me obtain and pay for the necessary medical care and surgery that I need. They have also agreed to provide me with housing, financial assistance, and the



necessary moral and financial support to help me successfully transition back to the community. My family members will confirm the foregoing if contact by FCI Danbury staff, the US Probation Department, or my sentencing court.

D. MY RELEASE POSES NO DANGER

My increased age (44 years), exemplary record of extraordinary rehabilitation, severe health issues, decreased mobility, high probability of permanent injury, and need for medical care, provide sufficient evidence showing that my release at this time poses no danger to any other person or the community. See e.g., US Sent Comm., Measuring Recidivism, 2004 ("Recidivism rates decline relatively consistently as age increases", reaching a low percentage of 6.9% for defendants whose age exceeds 40 years by the time they are released); see also U.S. Dep't of Justice, the "Federal Bureau of Prisons, Compassionate Release Program", April 2013 (finding recidivism is extremely rare among compassionate released inmates).

CONCLUSION

For good cause having been shown, I humbly ask that my request for a RIS motion be granted.

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Marcos Perez

EXHIBIT 3

XR Spine Lumbar AP/Lat/Flex/Ext 2-3 vws

PEREZ, MARCO - 000700588265

\* Final Report \*

Result Type: XR Spine Lumbar AP/Lat/Flex/Ext 2-3 vws  
 Result Date: 06 September 2017 14:36  
 Result Status: Authenticated  
 Result Title: XR Spine Lumbar AP/Lat/Flex/Ext  
 Performed By: HARRELL, MD, ALAN DOUGLAS on 06 September 2017 15:02  
 Verified By: GARG, MD, ANKUR on 07 September 2017 7:56  
 Encounter info: 100021714050, NMH, Outpatient, 9/6/2017 -

\* Final Report \*

## Reason For Exam

Lumbago with sciatica, unspecified side

## Report

PROCEDURE: XR Spine Lumbar (AP/Lateral/Flex/Ext)

HISTORY: 42 years-old Male with Lumbago with sciatica, unspecified side

COMPARISON: None.

## FINDINGS:

There are 5 lumbar-type vertebral bodies. There is moderate narrowing at the L3-L5 disc spaces. There are large anterior and lateral osteophytes in the lower lumbar spine. Vertebral body height is maintained. There is slight straightening of the normal lumbar lordosis. There is mild retrolisthesis of L3 on L4.

## IMPRESSION:

Lower lumbar spine degenerative disease.

## Signature Line

## FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: GARG, MD, ANKUR MD  
 Radiology Resident: HARRELL, MD, ALAN DOUGLAS ADH  
 Date Signed Off: 09/07/2017 07:56  
 Transc. by: TR 09/06/2017 15:02  
 Dictated by: HARRELL, MD, ALAN DOUGLAS 09/06/2017 15:02

## Completed Action List:

Printed by: Diaz, Marissa  
 Printed on: 9/12/2017 8:56

Page 1 of 2  
 (Continued)



## Past, Family, & Social History

### **Tobacco Use**

Smoking status Unknown if ever smoked  
Counseling given Other

### **Alcohol Use**

Alcohol intake  
Counseling given Not Applicable

### **Substance Use**

Substance use Other  
Counseling given Not Applicable

## HPI/ROS/EXAM

### HPI/ROS/EXAM

#### **Subjective**

HPI - 41 yo male new patient for eval of lower back pain which started a year ago as the result of a fall. Pain is rated 9/10 and described as constant. The pain is alleviated by nothing and aggravated by activity. Pt has received prior Orthopedic treatment in the past and now presents himself for further treatment and evaluation. Patient denies any numbness, tingling or paresthesia. Diabetic? No

He has has lumbar disc surgery three times in the past. 1999 L3-L5, 2001 L3-L5—Dr. Lie at Thorek and 2004 L5. He has had injections in the past with no help. An MRI was done at Little Mary Hospital in 11/2016. He has had decreased sensation in both legs for several years.

The pain is left > right.

#### **Objective**

Pt in NAD. A&O x3. Mood/affect is normal.  
Low back: left > right paraspinal tenderness. Central tenderness. Negative SLR. Toes: motor is 5/5. Sensation is decreased globally.

## RECENT RESULTS

### **RESULTS**

#### **RECENT IMAGING RESULTS**

Xray: degen changes at L4/L5 and more severe at L5/S1.

\*

ABOVE RESULTS REVIEWED.

## Assessment/Plan

### **Assessment/Plan**

#### **Problem List**

#### **Current Visit Problems:**

- o M47.26 - Osteoarthritis of spine with radiculopathy, lumbar region

#### **Orders**

Prescriptions - No medication data entered

#### **Patient Education**



Degenerative Disk Disease

**Additional information**

- Recommend Naproxen 500mg po bid with food.
- Recommend referral to spine surgeon to evaluate for possible spinal fusion. =
- RTO PRN

Electronically signed by Snitovsky MD, Peter on 06/14/17 at 1418.

# **MUSCLE AND NERVE, PA**

1860 CHADWICK DRIVE  
SUITE 104  
MERIT HEALTH CENTRAL MEDICAL OFFICES  
JACKSON, MISSISSIPPI 39204  
PHONE: 601-376-1963 • FAX: 601-982-9535

**Michael C. Graeber, M.D.**

**Alan R. Moore, M.D**

## **ELECTRODIAGNOSTIC CONSULTATION**

FILE ID: 43882

Name: **MARCO PEREZ**

Date of Birth: **6/17/75** Gender: **MALE**

Height: **5'5"** Weight: **220 LBS**

Date: **28 January 2019 9:27 AM**

Referred by: **DR. ANTHONY CHAMBERS**

Examined by: **DR. ALAN MOORE**

17174-379

**PATIENT HISTORY:** 43 YEAR-OLD MALE WITH LEFT LOWER EXTREMITY PAIN. HE HAS HAD CHRONIC LOW BACK AND LOWER EXTREMITY PAIN TREATED WITH LOW BACK SURGERIES AND INTERVENTIONAL PROCEDURES. PAIN IS PROMINENT IN THE LEFT BUTTOCKS AND POSTERIOR THIGH. DISCOMFORT HAS BEEN WORSE OVER THE LAST 3 YEARS. WALKING EXACERBATES DISCOMFORT. SYMPTOMS ARE BETTER WHEN LYING ON HIS SIDE. BURNING DISCOMFORT OCCURS IN THE LEFT POSTERIOR THIGH AS WELL AS THE SOLES OF THE FEET. THERE IS NO WEAKNESS. MEDICAL HISTORY INCLUDES DIABETES FOR 27 YEAR AND HYPERTENSION. REVIEW OF SYSTEMS, MEDICAL RECORDS AND MEDICATIONS WERE REVIEWED AND ARE AVAILABLE IN THE CHART.

**EXAM FINDINGS:** PATIENT IS IN NO DISTRESS. ALERT. NORMAL LANGUAGE AND FUND OF KNOWLEDGE. NORMAL EXTRAOCULAR MOVEMENTS. SYMMETRIC FACE. NO DYSARTHRIA. STRONG SHOULDER SHRUG. NORMAL MUSCLE BULK, TONE AND STRENGTH. SENSATION IS REDUCED TO PIN IN THE LOWER EXTREMITES COMPARED TO UPPER EXTREMITIES. MILD VIBRATORY LOSS AT THE ANKLE. REFLEXES ARE 2+ AT THE KNEES AND ABSENT AT THE ANKLES. NORMAL GAIT AND COORDINATION. DIFFICULT TO PALPATE PULSES IN THE FEET.

### **NEUROPHYSIOLOGIC: AVAILABLE IN EMG/NCS DATA REPORT STUDIES / FINDINGS**

**IMPRESSIONS:** NORMAL STUDY

NO EVIDENCE OF A SIGNIFICANT TIBIAL, PERONEAL, OR SCIATIC NEUROPATHY ON EITHER SIDE, POLYNEUROPATHY, MYOPATHY, OR ACTIVE LEFT LUMBOSACRAL RADICULOPATHY BY CONCENTRIC NEEDLE EMG OF THE LEFT LOWER EXTREMITY

**COMMENT / PLAN:** THERE IS NO EVIDENCE OF ACTIVE RADICULAR MOTOR AXON INJURY ASSOCIATED WITH LEFT LOWER EXTREMITY PAIN. MILD NERVE ROOT IRRITATION IS DIFFICULT TO EXCLUDE. SMALL FIBER SENSORY POLYNEUROPATHY SECONDARY TO DIABETES COULD BE CONTRIBUTING TO BURNING DISCOMFORT IN THE FEET.

Medical Records


FCC Yazoo City

2225 Haley Barbour Parkway

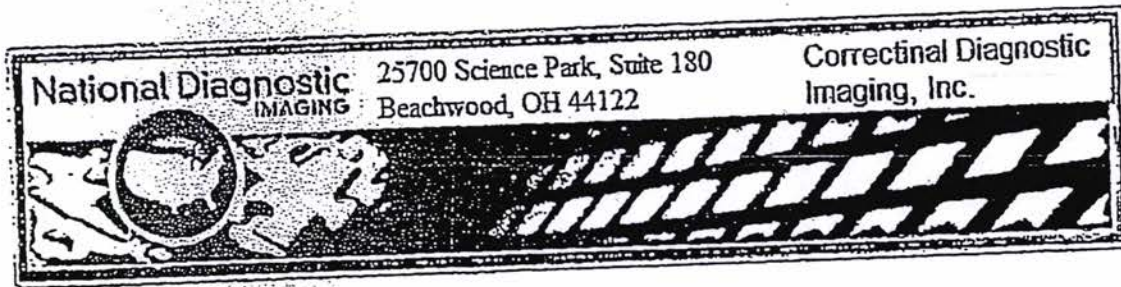
Yazoo City, MS 39194

THANKS.

Alan

  
Alan R. Moore, M.D.



yap  
No 2-162L

NAME: MARCO PEREZ  
 REF. PHYSICIAN: UNKNOWN  
 DATE OF BIRTH: 1975-06-17  
 EXAM: MRI LUMBAR WO  
 CLINICAL HISTORY: CHRONIC LUMBOSACRAL RADICULOPATHY PAIN LAMINECTOMIES LT SIDED L3-4  
 L4-5 ON MRI DONE 2017

PATIENT NUMBER: 17174-379  
 STUDY DATE: 2/11/2019  
 GENDER: M

INDICATIONS: This patient has low back pain radiating to both legs and there is the possibility of a disc herniation causing radiculopathy.

PROCEDURE: Sagittal and axial T1, T2, and/or inversion recovery sequences were performed.

FINDINGS: At L1-2 there is no disc herniation, central or neural foraminal narrowing.

At L2-3 there is no central or neural foraminal compromise. The disc is not degenerated.

There is disc degeneration from L3-4 through L5-S1.

There is evidence for a prior left hemilaminectomy at L3-4 where there is diffuse disc degeneration and focal protrusion of the disc into the left neural foramen caudally measuring approximately 11 mm. There is mild to moderate left neural foraminal narrowing. There is lateral bulging of the disc into the right neural foramen causing mild to moderate stenosis as well. There is no central canal narrowing.

At L4-5 there has been a prior left hemilaminectomy. There is diffuse disc bulging. The neural foramen show moderate bilateral stenosis. There is no recurrent central canal narrowing.

At L5-S1 there is disc bulging without central canal stenosis. The neural foramen show moderate right and mild left stenosis.

IMPRESSION: Disc degeneration from L3-4 through L5-S1.

Prior left hemilaminectomy at L3-4 and L4-5.

Bulging disc with focal protrusion into the left neural foramen at L3-4. Both neural foramen show mild to moderate stenosis.

Moderate bilateral neural foraminal narrowing with disc bulging at L4-5.

Moderate right and mild left neural foraminal narrowing at L5-S1.



Perez, Marco (MR # 000700588265)

Encounter Date: 10/24/2017

**Perez, Marco**

Male, 42y/o, 06/17/1975

Last Weight: 223 lb (101.152 kg)

Last Height: 5' 5" (1.651 m)

Preferred Phone: 615-324-5772

PCP: None

Language: English

Need Interp: No

Allergies

No Known Allergies

Health Maintenance: Due  
FYI

None

Primary Ins: COMMERCIAL

MRN: 000700588265

MyChart: Inactive

Next Appt: None

Next Appt with Me: None

**MR SPINE LUMBAR WWO CONTRAST****Status: Final result Visible to patient: Not Released Dx: Chronic bilateral low back pain****Details**

Reading Physician	Reading Date	Result Priority
David J Rusinak, MD	10/24/2017	Routine

**Narrative****PROCEDURE:** MR Spine Lumbar WWO Contrast**HISTORY:** Back pain and leg pain. 3 previous lumbar spine surgeries.**COMPARISON:** None.**TECHNIQUE:** Sagittal T1, T2, STIR, axial T1 and T2 obtained followed by postcontrast axial T1 and sagittal T1 with fat saturation.**FINDINGS:** Left-sided laminectomies are noted at L3-4 and L4-5. There is a small amount of gradient susceptibility in the overlying subcutaneous back soft tissues likely representing scar/hemosiderin deposition.

There is mild retrolisthesis of L5 on S1. This may be secondary to facet degeneration. Other lumbar vertebral bodies are normally aligned. Vertebral body heights are maintained. There is degenerative disc disease L3-4, L4-5, and L5-S1. At these levels there is moderate loss of disc height and disc desiccation. There is mild associated reactive endplate marrow signal and erosion.

The distal cord and conus are normal in contour and caliber without pathologic signal or abnormal enhancement. There is no pathologic intraspinal enhancement. There is no evidence of arachnoiditis.

L1-2: No narrowing.

L2-3: No narrowing.

L3-4: There is a diffuse disc bulge which extends into the neural foramina. There is mild bilateral facet degeneration. There is mild narrowing of the spinal canal. There is minimal narrowing of the neural foramina.

L4-5: There is a diffuse disc bulge and mild bilateral facet degeneration. This results in mild narrowing of the spinal canal and narrowing of the subarticular zones. There is no substantial neural foraminal stenosis.

L5-S1: There is a diffuse disc bulge and mild bilateral facet degeneration. No significant spinal canal stenosis is present. There is mild narrowing of the neural foramina.

The bladder is partially visualized though does appear distended.



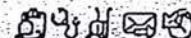
IMPRESSION: Postsurgical changes are noted from prior left-sided laminectomies at L3-4 and L4-5.

There is multilevel degenerative disc disease extending from L3 through S1 with multilevel diffuse disc bulges resulting in only mild spinal canal narrowing, as detailed above.

FINAL REPORT

Attending Radiologist: RUSINAK, MD, DAVID J MD  
Date Signed Off: 10/24/2017 16:09  
Transc. by: TR 10/24/2017 16:09  
Dictated by: RUSINAK, MD, DAVID J 10/24/2017 16:09

Specimen Collected: 10/24/17 Last Resulted: 10/24/17  
2:50 PM 4:09 PM



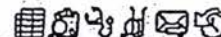
Other Results from 10/24/2017

CREATININE, POS

Status: Edited Result - FINAL Visible to patient: Not Released

	Ref Range	2:09 PM
Creatinine, Bld (Point of Care)	0.8-1.5 mg/dL	0.9
GFR, POC (African American, Est)	>=59 mL/min/1.73m2	>60
GFR, POC (non-African Amer, Est)	>=59 mL/min/1.73m2	>60
Resulting Agency	NMH	

Specimen Collected: 10/24/17 2:09 PM Last Resulted: 10/24/17 2:13 PM



Status of Other Orders

	Lab Status	Result Date	Provider Status
CREATININE, POS	Edited Result - FINAL	10/24/2017	Reviewed Tue Oct 24, 2017 2:14 PM



MCC Chicago  
51301-424NORTHWESTERN MEDICAL FACULTY FOUNDATION  
675 N ST CLAIR ST  
CHICAGO IL 60611-2957PEREZ, MARCO  
MRN: 000700588265  
DOB: 6/17/1975, Sex: M  
Adm: 10/24/2017, D/C: 10/24/2017

## Patient Demographics

Address	Phone
71 W VAN BUREN CHICAGO IL 60605	615-324-5772 (Home) 847-860-0001 (Work)

## CREATININE, POS [155183069]

Electronically signed by: NmH Pathnet Lab Interface on 10/24/17 Status: Completed  
1409

Ordering user: NmH Pathnet Lab Interface 10/24/17 1409 Ordering provider: Tyler R Koski, MD

Authorized by: Tyler R Koski, MD

Frequency: Once 10/24/17 1415 - 1 Occurrences

Resulted: 10/24/17 1413, Result status: Edited  
Result - FINAL

## CREATININE, POS [155183070]

Ordering provider: Tyler R Koski, MD 10/24/17 1409 Resulting lab: NORTHWESTERN MEMORIAL  
HOSPITAL

## Specimen Information

Type	Source	Collected On
Blood		10/24/17 1409

## Components

	Value	Reference Range	Flag	Lab
Creatinine, Bld (Point of Care)	0.9	0.8-1.5 mg/dL		NMH
GFR, POC (African American, Est)	>60	>=59 mL/min/1.73m2		NMH
GFR, POC (non-African Amer, Est)	>60	>=59 mL/min/1.73m2		NMH

## Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
1 - NMH	NORTHWESTERN MEMORIAL HOSPITAL	Unknown	Chicago IL 60611	01/18/96 0000 - Present

## Order

MR SPINE LUMBAR WWO CONTRAST  
[IMG1394] (Order: 155183068)

## MR SPINE LUMBAR WWO CONTRAST [155183067]

Electronically signed by: Corinthia Chappell on 10/06/17 1059 Status: Completed  
Ordering user: Corinthia Chappell 10/06/17 1059 Authorized by: Angela M Tosaw, APN, CNP

Frequency: 10/24/17 1333 - 1 Occurrences

## Diagnoses:

Chronic bilateral low back pain [M54.5, G89.29]

## Questions:

How will the order be obtained? Epic - Chart Review

Is provider in system? Yes

## Results

MR SPINE LUMBAR WWO CONTRAST  
(Order: 155183068)Resulted: 10/24/17 1609, Result status: Final  
result

## MR SPINE LUMBAR WWO CONTRAST [155183068]

Resulted by: David J Rusinak, MD

Performed: 10/24/17 1400 - 10/24/17 1400



NORTHWESTERN MEDICAL FACULTY FOUNDATION  
675 N ST CLAIR ST  
CHICAGO IL 60611-2957

PEREZ, MARCO  
MRN: 000700588265  
DOB: 6/17/1975, Sex: M  
Adm: 10/24/2017, D/C: 10/24/2017

Resulted: 10/24/17 1609, Result status: Final

MR SPINE LUMBAR WWO CONTRAST [155183068] (continued)

result

Resulting lab: NORTHWESTERN MEMORIAL  
HOSPITAL

Narrative: PROCEDURE: MR Spine Lumbar WWO Contrast

HISTORY: Back pain and leg pain. 3 previous lumbar spine surgeries.

COMPARISON: None.

TECHNIQUE: Sagittal T1, T2, STIR, axial T1 and T2 obtained followed by postcontrast axial T1 and sagittal T1 with fat saturation.

FINDINGS: Left-sided laminectomies are noted at L3-4 and L4-5. There is a small amount of gradient susceptibility in the overlying subcutaneous back soft tissues likely representing scar/hemosiderin deposition.

There is mild retrolisthesis of L5 on S1. This may be secondary to facet degeneration. Other lumbar vertebral bodies are normally aligned. Vertebral body heights are maintained. There is degenerative disc disease L3-4, L4-5, and L5-S1. At these levels there is moderate loss of disc height and disc desiccation. There is mild associated reactive endplate marrow signal and erosion.

The distal cord and conus are normal in contour and caliber without pathologic signal or abnormal enhancement. There is no pathologic intraspinal enhancement. There is no evidence of arachnoiditis.

L1-2: No narrowing.

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L4-5: There is a diffuse disc bulge and mild bilateral facet degeneration. This results in mild narrowing of the spinal canal and narrowing of the subarticular zones. There is no substantial neural foraminal stenosis.

L5-S1: There is a diffuse disc bulge and mild bilateral facet degeneration. No significant spinal canal stenosis is present. There is mild narrowing of the neural foramina.

The bladder is partially visualized though does appear distended.

IMPRESSION: Postsurgical changes are noted from prior left-sided laminectomies at L3-4 and L4-5.

There is multilevel degenerative disc disease extending from L3 through S1 with multilevel diffuse disc bulges resulting in only mild spinal canal narrowing, as detailed above.

FINAL REPORT

Attending Radiologist: RUSINAK, MD, DAVID J MD  
Date Signed Off: 10/24/2017 16:09



NORTHWESTERN MEDICAL FACULTY FOUNDATION  
675 N ST CLAIR ST  
CHICAGO IL 60611-2957

PEREZ, MARCO  
MRN: 000700588265  
DOB: 6/17/1975, Sex: M  
Adm: 10/24/2017, D/C: 10/24/2017

Resulted: 10/24/17 1609, Result status: Final  
result

MR.SPINE LUMBAR WWO CONTRAST [155183068] (continued)

Transc: by: TR 10/24/2017 16:09

Dictated by: RUSINAK, MD, DAVID J 10/24/2017 16:09

Specimen Information

Type	Source	Collected On
Radmil		10/24/17 1450

Testing Performed By

Lab	Abbreviation	Name	Director	Address	Valid Date Range
1 - NMH		NORTHWESTERN MEMORIAL HOSPITAL	Unknown	Chicago IL 60611	01/18/96 0000 - Present

END OF REPORT

NORTHWESTERN MEDICAL FACULTY FOUNDATION  
675 N ST CLAIR ST  
CHICAGO IL 60611-2957

PEREZ, MARCO  
MRN: 000700588265  
DOB: 6/17/1975, Sex: M  
Enc. Date: 01/11/18

## Progress Notes

Dost M Khan, MD at 1/11/2018 3:55 PM

Author Type: Anesthesiologist Status: Signed

## ATTENDING STATEMENT

Patient presents with:  
Low Back Pain  
Leg Pain

### Consult Requested By:

The patient is a 42 yo M w/ Hx of DM II, HLD, and chronic low back pain who is here for evaluation of low back and leg pain. Patient w/ Hx of left L3-4 and L4-5 laminectomies > 10 years ago. About 19 months ago noted recurrence of low back pain, L>R, after stopping medications. Pain located in L>R low back with radiation down bilateral posterior legs to hamstring level. Pain is constant ache with intermittent sharp exacerbations. Pain associated with numbness of toes on bilateral feet, and subjective weakness. Feels he loses his balance while walking b/c of weakness- has fallen a few times. Cannot identify any alleviating factors. Pain exacerbated by physical activity and position. Has sought care and underwent ESI and lumbar medial branch RFA with < 1 month of benefit. Is contemplating spine fusion in future. No recent PT. Here for possible ESI.

The patient denies any new weakness, bowel or bladder dysfunction. No antibiotics, No anticoagulants.

### Past Medical History

#### PAST MEDICAL HISTORY

DIAGNOSIS	DATE
• DM (DIABETES MELLITUS)	
• HYPERLIPIDEMIA	
• LOW BACK PAIN	

### Past Surgical History

#### PAST SURGICAL HISTORY

PROCEDURE	LATERALITY	DATE
• PR PERC LAMINO-/LAMINECTOMY INDIR IMAG GUIDE LUMBAR L3-4, L4-5	LEFT	2004
• APPENDECTOMY		
• TREAT HUMERUS FRACTURE		

### Family History

#### FAMILY HISTORY:

RELATION:	PROBLEMS:
Father	Diabetes
Mother	Diabetes



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PEREZ, MARCO  
MRN: 000700588265  
DOB: 6/17/1975, Sex: M  
Enc. Date: 01/11/18

## Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)

### Social History

#### SOCIAL HISTORY:

Marital Status: Unknown Spouse Name:  
Years of Education: Number of children:

Tobacco Use: Quit Packs/Day: Years:

Comment: quit 2yrs ago

Alcohol Use: No

Drug Use: No

Sexually Active: Not Asked

### Medications

#### Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• glipizIDE 10 MG TABS	1 TABLET DAILY BEFORE A MEAL		
• MetFORMIN HCl 1000 MG TABS	1 TABLET TWICE DAILY WITH FOOD		
• lisinopril 5 MG TABS	1 TABLET DAILY		
• Atorvastatin Calcium 20 MG TABS	1 TABLET DAILY		
• acetaminophen 325 MG TABS	2 TABLETS EVERY 4 HOURS AS NEEDED		

No current facility-administered medications on file prior to visit.

### Allergies

Review of patient's allergies indicates no known allergies.

A 10 point review of system was completed and negative, except as noted below

### EXAM:

BP 128/69 mmHg | Pulse 108 | Temp(Src) 98.5 °F (36.9 °C) (Oral) | Ht 5' 5" (1.651 m) | Wt 220 lb (99.791 kg) |

BMI 36.61 kg/m<sup>2</sup> | SpO<sub>2</sub> 98%

Gen: 42 yo M in NAD, A&Ox3, pleasant

MSK: Full range of motion of lower extremities without pain, crepitus

Derm: No rashes/suspicious skin lesions.

Lumbar Spine:

Gait: Unable to assess- patient in restraints

Facet Loading: + pain with facet loading maneuvers

Palpation (multifidus, erector spinae, piriformis and gluteal muscles): No TTP

Muscle Bulk: Symmetric

STRENGTH	R	L	STRENGTH	R	L
----------	---	---	----------	---	---



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PEREZ, MARCO  
MRN: 000700588265  
DOB: 6/17/1975, Sex: M  
Enc. Date: 01/11/18

### Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)

		Psoas (L2)	5	5
		Quad (L3)	5	5
		ATib (L4)	5	5
		Gastr (S1)	5	5
		EHL (L5)	5	5
		Hamstring (S2)	5	5

Provocative Tests	Result
SLR sitting	+ on L
SLR supine	
Patrick/FABER	
Gaenslen's	
Thigh Thrust	
SI Joint Distraction	
SIJ tenderness with palpation	
Race sign for piriformis sx	
Trochanteric bursa tenderness	

DTR	R	L	DTR	R	L	DTR	R	L
			Patellar	2	2	Babinski	-	-
			Achilles	1	0	Clonus	-	-
						Hoffman		

### Sensory/Dermatomes:

R: Diminished across all toes  
L: Diminished across all toes

Studies: MRI of lumbar spine:



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PEREZ, MARCO  
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Enc. Date: 01/11/18

### Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)



L1-2: No narrowing.

L2-3: No narrowing.

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L4-5: There is a diffuse disc bulge and mild bilateral facet degeneration. This results in mild narrowing of the spinal canal and narrowing of the subarticular zones. There is no substantial neural foraminal stenosis.

L5-S1: There is a diffuse disc bulge and mild bilateral facet degeneration. No significant spinal canal stenosis is present. There is mild narrowing of the neural foramina.

Dx:

1. Lumbar radiculitis
2. Lumbar spondylosis

Plan:

1. Patient with L>R lumbar radicular symptoms that appear to follow an S1 dermatomal pattern. No neurologic deficit appreciated on exam. Has failed conservative treatment to date with gabapentin. I suspect bulk of pain could be arising from pathology at L4/L5 levels. Given previous Hx of laminectomy recommend proceeding with caudal ESI w/ catheter to L4-5 interspace. The treatment plan was based on careful patient evaluation, which included review of patient's presenting symptoms, systematic review of the various systems, evaluation of the past medical, family and social history and the review of current and past medications. The assessment was also based on thorough physical examination, vital signs, and the imaging and laboratory studies. The procedure was performed after a thorough face-to-face discussion of the risks, benefits, alternatives, personnel, and complications of the procedure. Complications include, but are not limited to bleeding, hematoma, infection, nerve injury, sexual dysfunction, loss of bowel or bladder function, paralysis, organ injury, other unforeseen devastating injuries, and death. The patient understood these possible risks and agreed to the procedure. After fully informed consent, we proceeded with caudal ESI w/ catheter to L4-5 interspace without apparent complication. No heme, no CSF, no paresthesias. See procedure note for full details. I was



NORTHWESTERN MEDICAL FACULTY FOUNDATION  
675 N ST CLAIR ST  
CHICAGO IL 60611-2957

PEREZ, MARCO  
MRN: 000700588265  
DOB: 6/17/1975, Sex: M  
Enc. Date: 01/11/18

## Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)

personally present for the entire procedure.

2. Patient was given written discharge instructions.
3. Recommend increasing gabapentin to 600mg tid.
4. Advised to perform PT.
5. RTC prn. If pain persists will have to re-evaluate his pain generator.

Education was provided to the patient regarding operative and invasive procedures. The education was completed using face to face conversation, and the recipient expressed understanding through verbal confirmation.

Dost M Khan, MD

## Lavin Pain Medicine Center Interventional Procedure Note

Procedure: Caudal ESI w/ catheter to L4-5 interspace

Caudal epidural injection

Procedure Date: 1/11/2018 Patient Name: Marco Perez DOB: 6/17/1975  
Allergies: Review of patient's allergies indicates no known allergies.

Time out was performed 1/11/2018 at 4:20 PM.

Performed by Dost M Khan, MD

Present for the Time-Out: Dr. Dost Khan and Jonathan Sarmiento

Consent Obtained and Documented: Confirmed

Correct patient: Confirmed

Correct procedure: Confirmed

Correct side/site: Confirmed

Correct patient position: Confirmed

Correct side/site marking visible: Confirmed

Correct X-Rays available: Confirmed

Equipment available: Confirmed

Attending Physician: Dost M Khan

Assistants: Dost M Khan, MD

Diagnosis:

1. Lumbar radiculitis

Patient Position: Prone

Sterile prep with: Chloroprep and draped in the standard fashion

Approach: Midline

Needle(s): 17g 3.5" Tuohy

Printed on 2/1/2018 8:22 AM



NORTHWESTERN MEDICAL FACULTY FOUNDATION  
675 N ST CLAIR ST  
CHICAGO IL 60611-2957

PEREZ, MARCO  
MRN: 000700588265  
DOB: 6/17/1975, Sex: M  
Enc. Date: 01/11/18

### Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)

Image Guidance: yes

Description of needle placement or dye spread during contrast study or description of ultrasound imaging:

Patient was prepped and draped in sterile fashion. Following this timeout was performed verifying patient's name, allergies, procedure, and sidedness. Under lateral view, sacral cornu identified. Overlying skin and subcutaneous tissue anesthetized with 5cc of 1% lidocaine. Following this 17g Tuohy advanced through sacral hiatus. AP view obtained; Tuohy needle well below S2 foramen, and then catheter advanced to L4-5 interspace. After negative aspiration for CSF and heme, 1cc of contrast administered confirming epidural intake and negative for intravascular and intrathecal uptake. Following this injectate administered without complication. Tuohy and catheter removed fully intact.

no intra-vascular or intrathecal dye spread noted during the contrast injection  
images saved to hard drive/DICOM server  
hard copy fluoro images saved and filed

Pain Relief: N/A

### DRUGS ADMINISTERED:

#### Administrations This Visit

Iopamidol 200 mg/ml (ISOVUE-M) 41 % injection 3 mL

Admin Date	Action	Dose	Route	Administered By
01/11/2018	Given	3 mL	EPIDUR AL	Dost M Khan, MD

triamcinolone acetonide (KENALOG) 40 mg/ml injection 80 mg

Admin Date	Action	Dose	Route	Administered By
01/11/2018	Given	80 mg	EPIDUR AL	Dost M Khan, MD

Additional Drugs/Substances Administered: 1% lidocaine 5 cc

Anesthesia for procedure: Local; Pulse oximetry, NIBP monitoring for entire procedure;

Time: 4:25 BP: 145/78 P: 82 R: 16 SP O2: 97

Fluoro time: 18s.

### DISCHARGE SUMMARY:

Complications: None

Condition on Discharge: Stable and unchanged from admission-Yes

Disposition/Discharge: Home



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### Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)

Post-op or Final Diagnosis:

1. Lumbar radiculitis

Written Post-Procedure Instructions with Emergency Contact Information Were Given to Patient Prior to Discharge, patient or caregiver acknowledged receipt: Yes

Dost M Khan, MD

### Progress Notes

Dost M Khan, MD at 1/11/2018 3:55 PM

Author Type: Anesthesiologist Status: Signed

### ATTENDING STATEMENT

Patient presents with:

Low Back Pain

Leg Pain

### Consult Requested By:

The patient is a 42 yo M w/ Hx of DM II, HLD, and chronic low back pain who is here for evaluation of low back and leg pain. Patient w/ Hx of left L3-4 and L4-5 laminectomies > 10 years ago. About 19 months ago noted recurrence of low back pain, L>R, after stopping medications. Pain located in L>R low back with radiation down bilateral posterior legs to hamstring level. Pain is constant ache with intermittent sharp exacerbations. Pain associated with numbness of toes on bilateral feet, and subjective weakness. Feels he loses his balance while walking b/c of weakness- has fallen a few times. Cannot identify any alleviating factors. Pain exacerbated by physical activity and position. Has sought care and underwent ESI and lumbar medial branch RFA with < 1 month of benefit. Is contemplating spine fusion in future. No recent PT. Here for possible ESI.

The patient denies any new weakness, bowel or bladder dysfunction. No antibiotics, No anticoagulants.

### Past Medical History

#### PAST MEDICAL HISTORY

#### DIAGNOSIS

#### DATE

- DM (DIABETES MELLITUS)
- HYPERLIPIDEMIA
- LOW BACK PAIN

### Past Surgical History

#### PAST SURGICAL HISTORY



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### Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)

PROCEDURE	LATERALITY	DATE
• PR PERC LAMINO-/LAMINECTOMY INDIR IMAG GUIDE LUMBAR L3-4, L4-5	LEFT	2004
• APPENDECTOMY		
• TREAT HUMERUS FRACTURE		

### Family History

#### FAMILY HISTORY:

RELATION:	PROBLEMS:
Father	Diabetes
Mother	Diabetes

### Social History

#### SOCIAL HISTORY:

Marital Status: Unknown      Spouse Name:  
Years of Education:      Number of children:

Tobacco Use: Quit      Packs/Day:      Years:

Comment: quit 2yrs ago

Alcohol Use: No

Drug Use: No

Sexually Active: Not Asked

### Medications

#### Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• glipiZIDE 10 MG TABS	1 TABLET DAILY BEFORE A MEAL		
• MetFORMIN HCI 1000 MG TABS	1 TABLET TWICE DAILY WITH FOOD		
• lisinopril 5 MG TABS	1 TABLET DAILY		
• Atorvastatin Calcium 20 MG TABS	1 TABLET DAILY		
• acetaminophen 325 MG TABS	2 TABLETS EVERY 4 HOURS AS NEEDED		

No current facility-administered medications on file prior to visit.

### Allergies

Review of patient's allergies indicates no known allergies.



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### Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)

A 10 point review of system was completed and negative, except as noted below

#### EXAM:

BP 128/69 mmHg | Pulse 108 | Temp(Src) 98.5 °F (36.9 °C) (Oral) | Ht 5' 5" (1.651 m) | Wt 220 lb (99.791 kg) | BMI 36.61 kg/m2 | SpO2 98%

Gen: 42 yo M in NAD, A&Ox3, pleasant

MSK: Full range of motion of lower extremities without pain, crepitus

Derm: No rashes/suspicious skin lesions.

Lumbar Spine:

Gait: Unable to assess- patient in restraints

Facet Loading: + pain with facet loading maneuvers

Palpation (multifidus, erector spinae, piriformis and gluteal muscles): No TTP

Muscle Bulk: Symmetric

STRENGTH	R	L	STRENGTH	R	L
			Psoas (L2)	5	5
			Quad (L3)	5	5
			ATib (L4)	5	5
			Gastr (S1)	5	5
			EHL (L5)	5	5
			Hamstring (S2)	5	5

Provocative Tests	Result
SLR sitting	+ on L
SLR supine	
Patrick/FABER	
Gaenslen's	
Thigh Thrust	
SI Joint Distraction	
SIJ tenderness with palpation	
Pace sign for piriformis sx	
Trochanteric bursa tenderness	

DTR	R	L	DTR	R	L	DTR	R	L
			Patellar	2	2	Babinski	-	-
			Achilles	1	0	Clonus	-	-
						Hoffman		

#### Sensory/Dermatomes:

R: Diminished across all toes

L: Diminished across all toes



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### Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)

Studies: MRI of lumbar spine:



L1-2: No narrowing.

L2-3: No narrowing.

L3-4: There is a diffuse disc bulge which extends into the neural foramina. There is mild bilateral facet degeneration. There is mild narrowing of the spinal canal. There is minimal narrowing of the neural foramina.

L4-5: There is a diffuse disc bulge and mild bilateral facet degeneration. This results in mild narrowing of the spinal canal and narrowing of the subarticular zones. There is no substantial neural foraminal stenosis.

L5-S1: There is a diffuse disc bulge and mild bilateral facet degeneration. No significant spinal canal stenosis is present. There is mild narrowing of the neural foramina.

Dx:

1. Lumbar radiculitis
2. Lumbar spondylosis

Plan:

1. Patient with L>R lumbar radicular symptoms that appear to follow an S1 dermatomal pattern. No neurologic deficit appreciated on exam. Has failed conservative treatment to date with gabapentin. I suspect bulk of pain could be arising from pathology at L4/L5 levels. Given previous Hx of laminectomy recommend proceeding with caudal ESI w/ catheter to L4-5 interspace. The treatment plan was based on careful patient evaluation, which included review of patient's presenting symptoms, systematic review of the various systems, evaluation of the past medical, family and social history and the review of current and past medications. The assessment was also based on thorough physical examination, vital signs, and the imaging and laboratory studies. The procedure was performed after a thorough face-to-face discussion of the risks, benefits, alternatives, personnel, and complications of the procedure. Complications include, but are not limited to bleeding, hematoma, infection, nerve injury, sexual dysfunction, loss of bowel or bladder function, paralysis, organ injury, other unforeseen devastating injuries, and death. The patient understood these possible risks and agreed to the procedure. After fully informed consent, we proceeded with caudal ESI w/ catheter to L4-5 interspace without



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Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)

apparent complication. No heme, no CSF, no paresthesias. See procedure note for full details. I was personally present for the entire procedure.

2. Patient was given written discharge instructions.
3. Recommend increasing gabapentin to 600mg tid.
4. Advised to perform PT.
5. RTC prn. If pain persists will have to re-evaluate his pain generator.

Education was provided to the patient regarding operative and invasive procedures. The education was completed using face to face conversation, and the recipient expressed understanding through verbal confirmation.

Dost M Khan, MD

Lavin Pain Medicine Center  
Interventional Procedure Note

Procedure: Caudal ESI w/ catheter to L4-5 interspace

Caudal epidural injection

Procedure Date: 1/11/2018 Patient Name: Marco Perez DOB: 6/17/1975  
Allergies: Review of patient's allergies indicates no known allergies.

Time out was performed 1/11/2018 at 4:20 PM.

Performed by Dost M Khan, MD

Present for the Time-Out: Dr. Dost Khan and Jonathan Sarmiento

Consent Obtained and Documented: Confirmed

Correct patient: Confirmed

Correct procedure: Confirmed

Correct side/site: Confirmed

Correct patient position: Confirmed

Correct side/site marking visible: Confirmed

Correct X-Rays available: Confirmed

Equipment available: Confirmed

Attending Physician: Dost M Khan

Assistants: Dost M Khan, MD

Diagnosis:

1. Lumbar radiculitis

Patient Position: Prone

Sterile prep with: Chloroprep and draped in the standard fashion

Approach: Midline



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### Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)

Needle(s): 17g 3.5" Tuohy

Image Guidance: yes

Description of needle placement or dye spread during contrast study or description of ultrasound imaging:

Patient was prepped and draped in sterile fashion. Following this timeout was performed verifying patient's name, allergies, procedure, and sidedness. Under lateral view, sacral cornu identified. Overlying skin and subcutaneous tissue anesthetized with 5cc of 1% lidocaine. Following this 17g Tuohy advanced through sacral hiatus. AP view obtained; Tuohy needle well below S2 foramen, and then catheter advanced to L4-5 interspace. After negative aspiration for CSF and heme, 1cc of contrast administered confirming epidural intake and negative for intravascular and intrathecal uptake. Following this injectate administered without complication. Tuohy and catheter removed fully intact.

no intra-vascular or intrathecal dye spread noted during the contrast injection  
images saved to hard drive/DICOM server  
hard copy fluoro images saved and filed

Pain Relief: N/A

### DRUGS ADMINISTERED:

#### Administrations This Visit

Iopamidol 200 mg/ml (ISOVUE-M) 41 % injection 3 mL

Admin Date	Action	Dose	Route	Administered By
01/11/2018	Given	3 mL	EPIDUR AL	Dost M Khan, MD

triamcinolone acetonide (KENALOG) 40 mg/ml injection 80 mg

Admin Date	Action	Dose	Route	Administered By
01/11/2018	Given	80 mg	EPIDUR AL	Dost M Khan, MD

Additional Drugs/Substances Administered: 1% lidocaine 5 cc

Anesthesia for procedure: Local; Pulse oximetry, NIBP monitoring for entire procedure;

Time: 4:25 BP: 145/78 P: 82 R: 16 SP O2: 97

Fluoro time: 18s

### DISCHARGE SUMMARY:

Complications: None

Condition on Discharge: Stable and unchanged from admission-Yes



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Progress Notes (continued)

Dost M Khan, MD at 1/11/2018 3:55 PM (continued)

Disposition/Discharge: Home

Post-op or Final Diagnosis:

1. Lumbar radiculitis

Written Post-Procedure Instructions with Emergency Contact Information Were Given to Patient Prior to Discharge, patient or caregiver acknowledged receipt: Yes

Dost M Khan, MD

END OF REPORT



PRESENCE ST. MARY'S HOSPITAL

500 West Court Street  
Kankakee, IL 60901  
815-937-2455

DIAGNOSTIC IMAGING SERVICES

NAME: PEREZ, MARCO A  
PHYSICIAN: Brent R Huffines, P.A.C.  
UNIT #: DJ00639629  
ACCT #: DJ0012121273

DOB/AGE/SEX: 06/17/1975 - 41 - M  
ADMIT DATE:  
DIS DATE:  
LOC/RM/BED: H01MRI -

DIAGNOSTIC IMAGING  
MAGNETIC RESONANCE IMAGING  
MR LUMBAR SPINE WO CONTRAST : 1118-0001  
DATE PERFORMED: 11/18/16  
REPORT #: 1119-0111

REPORT STATUS: Signed

CLINICAL INDICATOR:  
LOW BACK PAIN, PREVIOUS SURGERY.

STUDY/TECHNIQUE:  
MRI of the lumbar spine obtained using standard protocol in high-field scanner without contrast dated 11-18-2016.

COMPARISON:  
None available.

FINDINGS:  
For purposes of this dictation the last lumbar-type vertebral body will be numbered L5. Using this dictation numbering system conus medullaris ends at the level of L1. There is no acute lumbar-compression fracture deformity seen. No significant spondylolisthesis of the lumbar spine is seen. Artifact from previous intervention within subcutaneous region within paravertebral musculature and posteriorly at the lower lumbar levels.

Individual disc levels are discussed as follows:

L5-S1:

There is decreased disc space and disc desiccation seen. Broad-based disc bulge effacing the ventral aspect of the thecal sac. Anterior osteophyte is seen. Mild to moderate facet arthritis is seen. Mild to moderate right lateral recess and right neural foraminal narrowing.

L4-L5:

Disc desiccation is seen. Anterior osteophyte is seen. Broad-based disc bulge effacing the ventral aspect of the thecal sac. Left laminectomy changes. There is small left paracentral disc protrusion superimposed on broad-based disc bulge leading to mild left lateral recess stenosis. Mild neural foraminal narrowing is seen. No infectious spondylitis, pseudomeningocele, or arachnoiditis is seen.

L3-L4:

There is disc desiccation seen. Anterior osteophyte seen. Mild disc bulge effacing the ventral aspect of the thecal sac. Superimposed left paracentral disc protrusion leading to mild left lateral recess stenosis. Mild bilateral neural foraminal narrowing and anterior osteophyte is seen. No infectious spondylitis, pseudomeningocele, or arachnoiditis.

L2-L3:

Disc desiccation is seen. However no significant spinal or foraminal stenosis.

The remaining levels are grossly unremarkable.

Department's copy  
Department  
REPORT #: 1119-0111  
1 of 2

Print time: 11/20/16 at 1051

Refer to  
Pain management  
Santiago C  
OAK



PRESENCE ST. MARY'S HOSPITAL  
DIAGNOSTIC IMAGING SERVICES

NAME: PEREZ, MARCO A

UNIT #: DJ00639629

ACCT #: DJ0012121273

Cystic mass seen within the left kidney measuring approximately 1.5 cm compatible with simple cyst

IMPRESSION:

Spondylitic changes of the lumbar spine from L3-4 through L5-S1 with postsurgical changes as described above. There is soft tissue density within the left L3-4 and left L4-5 and right L5-S1 levels with associated neural foraminal narrowing however, evaluation is limited due to lack of intravenous contrast

Dictated: Farid F Shafaie M.D.

<Electronically signed by Farid F Shafaie M.D.>

Farid F Shafaie M.D.

11/20/16 1051

DRAFT UNTIL SIGNED

S: Signed

D: 11/18/16 0923

T: 11/19/16 1424 TB

CC: Brent R Huffines, P.A.C.; Detention Center Jerome Combs; Jeffery D Long, M.D.

Department's copy

Department

REPORT #: 1119-0111

2 of 2

Print time: 11/20/16 at 1051



EXHIBIT 4





## Individualized Reentry Plan - Program Review (Inmate Copy)

SEQUENCE: 01781946

Dept. of Justice / Federal Bureau of Prisons

Team Date: 12-06-2019

Plan is for inmate: PEREZ, MARCO 17174-379

Facility: DAN DANBURY FCI  
 Name: PEREZ, MARCO  
 Register No.: 17174-379  
 Age: 44  
 Date of Birth: 06-17-1975

Proj. Rel. Date: 06-09-2021  
 Proj. Rel. Mthd: GCT REL  
 DNA Status: BMM04391 / 09-21-2012

## Detainers

Detaining Agency	Remarks
A029643981; WILL DEPORT	null

## Current Work Assignments

Fac	Assignment	Description	Start
DAN	YARD 6-2	YARD 6 AM TO 2 PM	08-12-2019

## Current Education Information

Fac	Assignment	Description	Start
DAN	ESL EXEMPT	ESL NEED-PERMANENTLY EXEMPT	09-20-2012
DAN	GED XN	EXEMPT GED NON-PROMOTABLE	09-20-2012

## Education Courses

SubFac	Action	Description	Start	Stop
DAN		DRAWING	10-22-2019	CURRENT
YAP	W	SPANISH GED M-F 8-10; MCGINTY	02-11-2019	05-21-2019
MNA M	W	FCI SPANISH GED M-F 0730-0900	07-19-2018	10-18-2018
MNA M	C	RPP #6 FISH DEVELOPING INSIGHT	09-11-2018	09-13-2018
MNA M	C	RPP6-DEPRESSION STUDY	09-06-2018	09-11-2018
MNA M	C	RPP6-ANGER MANAGEMENT STUDY	09-04-2018	09-06-2018
MNA M	C	RPP6-FISH RETURNING HOME	08-28-2018	08-30-2018
MNA M	C	RPP1-AIDS * DISEASE PREVENTION	07-02-2018	07-02-2018

## Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
--------------	-----------------

\*\* NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS \*\*

## Current Care Assignments

Assignment	Description	Start
CARE1-MH	CARE1-MENTAL HEALTH	10-02-2012
CARE2	STABLE, CHRONIC CARE	06-25-2018

## Current Medical Duty Status Assignments

Assignment	Description	Start
LOWER BUNK	LOWER BUNK REQUIRED	07-23-2019
MED HOLD	MEDICAL HOLD - DO NOT TRANSFER	08-02-2018
NO PAPER	NO PAPER MEDICAL RECORD	03-19-2018
REG DUTY W	REGULAR DUTY W/MED RESTRICTION	06-25-2018
YES F/S	CLEARED FOR FOOD SERVICE	06-25-2018

## Current Drug Assignments

Assignment	Description	Start
DAP UNQUAL	RESIDENT DRUG TRMT UNQUALIFIED	01-08-2019
ED EXEM	DRUG EDUCATION EXEMPT	06-20-2019
NR DIS	NRES DRUG TMT/DISCONTINUED	07-30-2019

## FRP Details

Most Recent Payment Plan
--------------------------

FRP Assignment: COMPLT FINANC RESP-COMPLETED Start: 03-19-2019

Inmate Decision: AGREED \$24.92 Frequency: SINGLE

Payments past 6 months: \$0.00 Obligation Balance: \$0.00

Financial Obligations



## Individualized Reentry Plan - Program Review (Inmate Copy)

SEQUENCE: 01781946

Dept. of Justice / Federal Bureau of Prisons

Team Date: 12-06-2019

Plan is for inmate: PEREZ, MARCO 17174-379

## Most Recent Payment Plan

No.	Type	Amount	Balance	Payable	Status
1	ASSMT	\$10.00	\$0.00	IMMEDIATE	COMPLETEDZ
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					
2	ASSMT	\$200.00	\$0.00	IMMEDIATE	COMPLETEDZ
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					

## Payment Details

Trust Fund Deposits - Past 6 months: \$2,830.00

Payments commensurate ? Y

New Payment Plan:

\*\* No data \*\*

## Progress since last review

Continues to maintain clear conduct and remain free of incident reports. Currently enrolled in Drawing Class. FRP Complete.

## Next Program Review Goals

Recommend you re-enroll in Spanish GED class by 5-2020.

## Long Term Goals

Continue to recommend you save money in your pre-release account. Save \$10.00/month through 12-2020.

## RRC/HC Placement

No.

Criminal alien releasing to custody of ICE.

Consideration has been given for Five Factor Review (Second Chance Act):

- Facility Resources : N/A-Releasing to ICE
- Offense : Illegal Re-Entry
- Prisoner : 44 Year Old Hispanic Male
- Court Statement : 70M BOP/4Y Sup. Release
- Sentencing Commission : N/A-Not a Parole Case.

Excluded from RRC Consideration. Releasing to Custody of ICE.

## Comments

Treaty Transfer: Not eligible.